
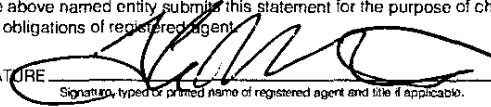
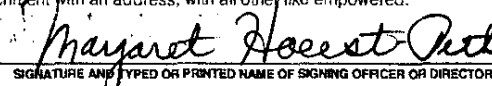


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90020 012 \*\*\*150.00

<b>DOCUMENT # P98000009350</b> 1. Entity Name <b>GOLFERSTUFF, INC.</b>					
2. Principal Place of Business <b>2292 2250 COMMERCIAL WAY</b> <b>SPRING HILL, FL 34606</b>		Mailing Address <b>2292 2250 COMMERCIAL WAY</b> <b>SPRING HILL, FL 34606</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3498860</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MCCORMICK, THOMAS A</b> <b>2250 COMMERCIAL WAY</b> <b>SPRING HILL, FL 34609</b> <b>2292</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>THOMAS A. MCCORMICK</b> General Manager DATE: <b>3/9/04</b>					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS <b>HOERST, MARGARET</b> <b>5645 LEGEND HILLS LANE</b> <b>BROOKSVILLE, FL 34609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: <b>3/9/04</b> Daytime Phone #: <b>352-684-4060</b>			

**MARGARET HOERST-PETHER**